

87 Nepperhan Ave
Room 212
Yonkers, NY 10701

CITY OF YONKERS
COMMERCIAL SOLICITATION
LICENSE APPLICATION

Phone: 914-377-6808
Fax: 914-377-6811
Website:
www.YonkersNY.gov

INSTRUCTIONS FOR USING THIS FORM

Please Note:

If the required supporting documents are not submitted with the application, it will result in the delay and/or denial of the application.

Requirements:

1. License Fee is \$750.00. (\$50.00 replacement fee for lost/stolen licenses).
2. Two (2) passport-sized photographs of the applicant.
3. Photocopy of New York State Vendor Certificate or Certificate Authority. If you do not have this card, call the NYS Department of Taxation at (914) 933-2204 for information as to how to apply for the card.
4. Copy of Business Certificate or Filing Receipt if Corporation.
5. Copy of a valid NYS Driver's License issued by the Motor Vehicle Department. If you do not have a NYS Driver's License, a copy of a Motor Vehicle issued NY State ID Card is required.
6. A U.S. Postal Money Order in the amount of \$125.00, made out to City of Yonkers, (for the fingerprinting/ background process done by the Yonkers Police Department), must be submitted with application. The Yonkers Special Investigations Unit will contact you to set up an appointment to complete the fingerprinting process.

LICENSING FEES AND EXPIRATION DATE

\$750.00/term License expires 1 year following date of issuance.

INFORMATION FOR ALL OWNERS, PARTNERS, CORPORATE OFFICERS

NAME	ADDRESS	SOCIAL SECURITY #	PHONE #

License #: _____

Date Issued: _____

Mike Spano, Mayor
Kerry O'Brien Hess, Director

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Pursuant to the provisions of the Code of the City of Yonkers, I the undersigned respectfully petition for the below-listed license in the City of Yonkers, and for that purpose, I hereby provide the following answers to the questions contained herein.

Name: Social Security #:

Address:

City: State: Zip:

Home Phone #: Cell #: E-mail:

Date of Birth: Sex: Height: Hair Color: Eye Color:

Are you a citizen of the United States?

If not, please provide a copy of your INS A Card and #

If incorporated, Name of Firm or Corporation:

Address: State: Zip:

Telephone: E-mail:

Describe type of goods/services being offered for sale:

Have you ever been arrested or convicted of a crime?

If yes, explain:

Has applicant ever had a previous license? If yes, what type of license?

Has applicant ever had a license denied or revoked? If yes, provide explanation:

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I, _____, being duly sworn, deposes and says that all of the answers in the foregoing application are true, and that the photographs attached hereto were taken within thirty (30) days of the date of this application.

Signature/Date: _____ Print name: _____

Notary Public

FOR CPB OFFICE USE

Approval Date: _____ Disapproval explanation: _____

License # _____ Tax ID # _____

License Date: _____

Mike Spano, Mayor
Kerry O'Brien Hess, Director